<u></u>													
	PATENT	RD	Application or Docket Number 10/79-39-8										
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
T	OTAL CLAIMS	3	8				١٢	RATE FEE		}	RATE	FEE	
FC	OR .		NUMBER FILED		NUMBER EXTRA		8.	BASIC FEE 385.00		OR	BASIC FEE	770.00	
TC	TAL CHARGE	ABLE CLAIMS	8 minus 20=		•			XS 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		•			X43=	1	OR	X86=	·	
ML	JLTIPLE DEPEN	NDENT CLAIM P	RESENT				+145=		 	OR	+290=		
• 11	the difference	in column 1 is	less than z	ero. enler		column 2	TOTAL		-	OR	TOTAL	777	
/ / CLAIMS AS AMENDED - PART II									<u></u>	امر	(
١	IJINS	(Column 1)				(Column 3)	SMALL ENTITY			ÓR	OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER SUSLY	PRESENT EXTRA	lr	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 14	Minus	-2	0	. —		X\$ 9±		OR	X\$18=		
ME	Indépendent	. 1	Minus	•••	3			X43=	1	OR	X86=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 146 -			+290×		
1.105							· Ľ	145=		OR	YOTAL		
	0-1-0-							DIT. FEI		OR	ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)								1			100	
AMENOMENT B	•	REMAINING AFTER AMENDHEY:		NUM! PREVIO	BER HUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Trial	. /5/	Mirvis	10/	U		1 [XS 9=		OA	X\$18=		
AME	independent	$\cdot \alpha$	Minus)	<u> </u>	ļГ	X43=		OR	X86=		
ப்	FIRST PRESE	NIATION OF ML	ILTIPLE DE	LTIPLE DEPENDENT		CLAIM []		145=		OR	+290=		
· ·							<u> </u>	IATO:		OR	TOTAL		
1	2-15-05	45,6	C·T. FEB		1	ADDIT FEE							
m	, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,	(Column 1) . (Column 21 (Column 3)								1		400:	
ENTC	-	REMAINING AFTER AMENOMENT		NUME PREVIO PAID I	BER	PRESENT EXTRA	f	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENOMEN	Total .	- 14	Minus	- 6	20	1.	1	(S å=		OR	XS18=	_	
4ME	Independent	· 2	Minus		3			×43×		OR	X86=		
Ш	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM		' .	145=		OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3 . TOTAL TOTAL													
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, order "20." ADDIT, FEE													
7	he Highest Num	ber Previously Paid	For`(Total or	Independe	nt) is the	highest numbe	r lound	an ene at	brobusie pox	in to	PHOLE I	į	

FORM PTO-875 IRW 10-038

Palen and Tipdemark Office, U.S. DEPARTMENT OF COMMERC